

PERMIT # _____ FEE \$100.00 DATE RECEIVED _____ CHECK# _____



Town of Granby BOARD OF HEALTH

215B West State Street
Granby MA 01033
(413) 467-7174
(413) 467-3101 FAX

MOBILE FOOD PERMIT APPLICATION

Name of the Establishment _____ Date: _____

Owner's/Applicant's Name _____

Owner's/Applicant's Address _____

Telephone _____ Fax _____ email _____

Federal Identification Number or SSN: _____

Person Responsible for Daily Operations (Manager/Supervisor, etc.)

Name _____

Address _____

Telephone _____ Emergency Tel _____ email _____

Establishment Type (Check all that apply)

☐ Truck ☐ Pushcart ☐ Trailer ☐ Other (specify) _____

Is your unit stationary Yes ☐ No ☐

Specify Event, Date, Location/Address _____

1. **Attach** a list of ALL foods you plan to serve, including condiments, and state where each is to be purchased.
2. Will all foods be prepared at the mobile food unit? Yes ☐ No ☐
If no, **attach** a list of ALL foods that will be prepared off-site and for each food item, state where they are to be prepared.
3. Do you plan to have an open flame? If so, please contact Fire Department for permitting details.
4. Will your table/booth be hooked up to a water supply? ____ Yes ____ No, describe the source of water if not provided on site.
5. Will you be **serving** ice? (i.e. with beverages) ____ No ____ Yes, if yes, state your **source** for ice and describe the **method** for keeping the ice sanitary before use:

6. Hand washing facilities are required in an accessible location to food handlers. How will this be accomplished?

8. Describe location of toilet facilities for food handlers.

9. What are the means for keeping hot foods hot?

10. Describe how you will keep cold foods cold?

11. **Attach** a drawing of the layout of the mobile food unit. Show cooking area, counters, and all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food storage areas etc.

Attach current copies of:

Current ServSafe certificate

Current Allergen Awareness Training certificate

Worker's Compensation Affidavit statement

Common Victualler's License

Note: Permit will not be issued without the above documentation.

I, the undersigned, attest to the accuracy of the information provided in this application and affirm that the food establishment operation will comply with 105CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.00 and the Federal Food Code

Signature of Permit Holder: _____ Date: _____

Plan Review:

- A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.
- B. Describe floor, wall and ceiling surfaces:

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

BOARD OF HEALTH COMMENTS:

Copy to Applicant: _____ In Person _____ Mailed

Date _____